## PART B – FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to:				Mail Stop ISSUE FEE Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450 Fax (571) 273-2885						
INSTRUCTIONS: This fo where appropriate. All fit correspondence address a indicating a separate "FEE CURRENT CORRESPON	orther corresponden s indicated unless of ADDRESS" for ma	ce including the Paten corrected below or direction aintenance fee notification	t, advar cted oth ons.	erwise in B	ICATION FE and notification block 1, by (a ress)	E (if required). on of maintena ) specifying a	new corre	espondence addre	o the current ss; and/or (b)	
7590 06/13/2008					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or					
Eltan Law Group C/O Landon IP, Inc. 1700 Diagonal Rd. Suite 450 Alexandra, VA 22314				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimilie transmitted to the USPTO (571) 273-2885, on the date indicated below.  (Depositor's Name)  (Signature)						
APPLICATION NO. FILING DATE FIRST NAME			O INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.		N NO.	
10/598,311 08/24/2006 GANOR, Ze'ev					013/05425 2591					
TITLE OF INVENTION: MULTIDIRECTIONAL PIEZOELECTRIC MOTOR CONFIGURATION										
		FEE DUE PUBLIC	ATION \$300	FEE DUE	PREV. PA	ID ISSUE FEE \$0	TOT	AL FEE(S) DUE \$1740	9/15/2008	
nonprovisional			•	SS-SUBCL	224					
EXAMINE BUDD, MARK O		ART UNIT 2834		310-323020	133					
Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  (1) the attorney (2) the register to two name is					printing on the patent front page, list e names of up to 3 registered patent eys or agents OR, alternatively, mame of a single firm (have as a member a red attorney or agent) and the names of up registered patent attorneys or agents. If no is listed, no name will be printed.  I EMPK & Shiloh, LLP  2  3  IE PATENT (print or type)					
PLEASE NOTE: Unle filed for recordation as se				NOT a subst	itute for filing	an assignment			ıment has been	
(A) NAME OF ASSIGNEE					(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
NANOMOTION LTD. Yokneam, Ilit, ISRAEL										
Please check the appropriate assignee category or categories (will not be printed on the patent):										
4a. The following fees(s) are cholosed.  ☐ A check in the amount of the fee(s) is enclosed.										
Tubication rec (tro simal entry market and provided in the control of the control					The Director is hereby authorized to charge the required fee(s), or credit any ayment to Deposit Account Number 50-3400 (enclose an extra copy of this form)					
5. Change in Entity State		ed ahove):								
☐ a. Applicant claims  NOTE: The Issue Fee ar			ccepted	b. Applicant	is no longer c	laiming SMALL he applicant; a	ENTITY registered	status. See 37 CFR attorney or agent;	or the assignee	
or other party in interest	as shown by the rec	ords of the United State	s Patent	and Traden	nark Office.					
Authorized Signature:	/]][[	an C.C	it	in_	Date: 09/	15/2008				
Typed or printed name: Allan C. Entis					Registration Number: 52,866 on is required to obtain or retain a benefit by the public which is to file (and by the					
This collection of informuser to process) an a including gathering preport to the amount of time patent and Trademark (FORMS TO THIS ADL Under the Paperwork R.	opplication. Confide paring, and submitti you require to composition, U.S. Department	ntiality is governed by 3 ng the completed applic plete this form and/or some of Commerce, P.C.	ation for auggestic	rm to the Unions for redu 450, Alexan	SPTO. Time v cing this burd ndria, Virgini	will vary dependent should be a 22313-1450.	ding on the sent to the DO NOT 450.	he individual case. le Chief Information SEND FEES OR	Any comments on Officer, U.S. COMPLETED	